

**DECLARATION AND POWER OF ATTORNEY FOR PATENT APPLICATION**

As below named inventors, we hereby declare that:

Our residence, post office address and citizenship are as stated below under our names.

We believe that we are the original, first and joint inventors of the subject matter which is claimed and for which a patent is sought on the invention entitled

**"DIAGNOSTIC AND THERAPEUTIC USES FOR PROX 1"**

The Specification of which

[ X ] is attached hereto  
 [ ] was filed on \_\_\_\_\_  
 as Application Serial No. \_\_\_\_\_  
 and was amended on \_\_\_\_\_ (if applicable).

We hereby state that I have reviewed and understand the contents of the above-identified Specification, including the claims, as amended by any amendment referred to above.

We acknowledge the duty to disclose information which is material to the examination of this application in accordance with Title 37, Code of Federal Regulations 1.56(a).

We hereby claim foreign priority benefits under Title 35, United States Code, §119 of any foreign application(s) for patent or inventor's certificate or U.S. provisional application or of any PCT international application(s) designating at least one country other than the United States of America listed below and have also identified below any foreign application(s) for patent or inventor's certificate or any PCT international application(s) designating at least one country other than the United States of America filed by me on the same subject matter having a filing date before that of the application(s) of which priority is claimed:

PRIOR FOREIGN/CPT APPLIATION(S) AND ANY PRIORITY CLIAMS UNDER 35 U.S.C. 119:			
COUNTRY (if PCT, indicate PCT)	APPLICATION NUMBER	DATE OF FILING (day, month, year)	PRIORITY CLAIMED UNDER 35 USC 119
PCT	PCT/US03/23584	28 July 2003	Yes
United States	60/402,334	09 August 2002	Yes

The undersigned hereby authorizes the U.S. attorney or agent named herein to accept and follow instructions from St. Jude Children's Research Hospital as to any action to be taken in the Patent and Trademark Office regarding this application without direct communication between the U.S. attorney or agent and the undersigned. In the event of a change in the person from whom instructions may be taken, the U.S. attorney or agent named herein will be so notified by the undersigned.

I hereby appoint as my attorney the registered persons identified under:

**Customer No. 28258**

James Scott Elmer, Registration No. 36,129, and Shawn A. Hawkins, Registration No. 50,318 said attorneys with full power of substitution and revocation to prosecute this application and transact all business in the Patent and Trademark Office connected therewith.

Please address all correspondence regarding this application to:

JAMES SCOTT ELMER  
ST. JUDE CHILDREN'S RESEARCH HOSPITAL  
332 N. LAUDERDALE  
MAILSTOP 277  
MEMPHIS, TN 38105

Direct all telephone calls to James Scott Elmer at (901) 495-2342.

We hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further, that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

FULL NAME OF FIRST JOINT INVENTOR: <sup>100</sup> GUILLERMO OLIVER

COUNTRY OF CITIZENSHIP: URUGUAY

FULL RESIDENCE ADDRESS: 5259 Keatswood Cove  
Memphis, Tennessee 38120  
USA <sup>TN</sup>

FULL POST OFFICE ADDRESS:

SIGNATURE OF INVENTOR  \_\_\_\_\_

DATE 2/1/05 \_\_\_\_\_

<sup>200</sup>  
FULL NAME OF SECOND JOINT INVENTOR: JEFFREY WIGLE

COUNTRY OF CITIZENSHIP: CANADA

FULL RESIDENCE ADDRESS:

23 Avon Gate  
Winnipeg, Manitoba R3P 1L2  
Canada CAN

FULL POST OFFICE ADDRESS:

SIGNATURE OF INVENTOR

Jeffrey Wigle

DATE 25/1/2005

<sup>300</sup>  
FULL NAME OF THIRD JOINT INVENTOR: NATASHA HARVEY

COUNTRY OF CITIZENSHIP: AUSTRALIA

FULL RESIDENCE ADDRESS:

97 Church Terrace  
Walkerville, South Australia 5081  
Australia AUX

FULL POST OFFICE ADDRESS:

SIGNATURE OF INVENTOR

Natasha Harvey

DATE 2/1/2005